

NEWTON PARKS AND RECREATION DEPARTMENT
WINTER 2014 – 2015 SWIM REGISTRATION FORM

Swimmer's Name: _____ DOB _____

Swimmer's Name: _____ DOB _____

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Swimmer's Name: _____ DOB _____

Street City Zip
PHONE: _____

CELL: _____

(For emergency use only)

E-MAIL: _____

(For swim team use only - print clearly)

Parental Consent Release from Liability and Indemnity for participation in the P & R Swim Team.

I/We, the undersigned father and mother, or guardian(s), of _____ a minor, do hereby consent to his/her participation in the Newton Parks and Recreation Department and Newton Swim Team Program. I/We forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts and its successors, departments, officers, employees, servants, agent, of and from any and all actions caused of action, claims, demands, damages, cost, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/We may now or hereafter have as the parent(s) of or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in the Swim Team Program. FURTHERMORE, I/We hereby agree to protect the City of Newton and its successors, departments, officers employees, servants, and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of, or resulting from, injury tot said minor in connection with his/her participation in the Swim Team Program and to

IDENMIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in the Swim Team Program.

Signature Parent or Guardian: _____ **DATE:** _____

THIS FORM MAY NOT BE ALTERED.

Please list any medical problems that your son/daughter may have that the Coaches or the Newton Parks and Recreation Department should be aware of:

This form must be **fully** completed and signed before your child can participate in the swim team program.

WINTER VACATION DATES: _____

Pictures may be posted on the team website only if you agree to have you swimmer's pictures posted, please sign below.

Signature of Parent/Legal Guardian:

_____ \$300 per swimmer

_____ **Total payment due payable to NEWTON BLUEFISH, LLC**

Please be advised that the above fee DOES cover the Recreation \$50 program fee at NNHS.

REGISTRATION DEADLINE: October 10, 2014

Completed form must be mailed BEFORE tryout to Newton Bluefish, LLC, C/O Mary & Scott Pohlman, 3 Proctor Street, Newton, MA 02460.